

EL MONTE CITY SCHOOL DISTRICT

To: Jeff Seymour, Superintendent Date: February 15, 2005
From: Kristinn G. Olafsson, Chief Business Officer
Subject: Award of Service Contract for E Rate - Year 8 Project A0501

RECOMMENDATION:

It is recommended that the Board of Education award the service contract for E Rate - Year 7 Project to the following contractors:

Bid Package #1 - Telephone System Maintenance Per Month/Per Year
Scottel Voice and Data \$3,200.00/\$38,400.00

Bid Package #2 - Telecommunications - Software Upgrade
Scottel Voice and Data \$38,503.60

Bid Package #3 - E 911 Locator Software
Scottel Voice and Data \$86,659.64

Bid Package #4 - Additional Cards - Phone System (Lump Sum)/(Site)

Lump Sum	Scottel Voice and Data	
Cherrylee	Scottel Voice and Data	\$1,709.96
Cleminson	Scottel Voice and Data	\$1,709.96
Columbia	Scottel Voice and Data	\$1,709.96
Cortada	Scottel Voice and Data	\$1,709.96
Durfee	Scottel Voice and Data	\$1,709.96
Gidley	Scottel Voice and Data	\$1,709.96
LeGore	Scottel Voice and Data	\$1,709.96
Loma	Scottel Voice and Data	\$1,709.96
Mulhall	Scottel Voice and Data	\$1,709.96
New Lexington	Scottel Voice and Data	\$1,709.96
Norwood	Scottel Voice and Data	\$1,709.96
Potrero	Scottel Voice and Data	\$1,709.96
Rio Hondo	Scottel Voice and Data	\$1,709.96
Rio Vista	Scottel Voice and Data	\$1,709.96
Shirpser	Scottel Voice and Data	\$1,709.96
Thompson	Scottel Voice and Data	\$1,709.96
Wilkerson	Scottel Voice and Data	\$1,709.96
Wright	Scottel Voice and Data	\$1,709.96

Bid Package #5 – Cherrylee, Cleminson, Columbia, Cortada, Durfee, Gidley, LeGore, Loma, Mulhall, New Lexington, Norwood, Potrero, Rio Hondo, Rio Vista, Shirpser, Thompson, Wilkerson & Wright Schools

Hardware

Cisco Catalyst	Imagetime	\$3,138.17 Per Unit
Cisco 1000BASE	Work Group Solutions	\$225.00 Per Unit
APC Smart UPS	Imagetime	\$836.77 Per Unit
Belkin SC	Imagetime	\$16.24 Per Unit
Technical Support	Advance Network Systems	\$75.00

Software

HP Procurve 720wl	Work Group Solutions	\$3,158.00 Per Unit
Installation	Imagetime	\$70.00 Per Unit
HP Procurve 740wl	Work Group Solutions	\$4,776.00 Per Unit
Installation	Imagetime	\$70.00 Per Unit
Technical Support	Advance Network Systems	\$75.00

Bid Package #6 – Year Maintenance (CISCO)

Equipment

Cisco 2691 Router	Spectrum Communications	\$5,490.00
Cisco 3550 Switch	Spectrum Communications	\$9,450.00
Cisco 7206 VXR	Spectrum Communications	\$2,650.00

Bid Package #7 – Server Support

Server Support

DHCP - Hrly Support	Advanced Network Systems	\$1,750.00
Mail – Hrly Support	Advanced Network Systems	\$1,750.00
DNS – Hrly Support	Advanced Network Systems	\$1,750.00

Bid Package #8 – IDF

Hoffman IDF Unit	Imagetime	\$546.66	\$19,697.76
Panduit Patch Panel	Imagetime	\$237.07	\$34,138.08
Patch Cables	Imagetime	\$15.70	\$1,130.13
Patch Cables	Imagetime	\$1.52	\$5,158.45
Installation of IDF	Imagetime	\$2,000.00	\$36,000.00

B-144 04/05
Page 3 of 6

BACKGROUND INFORMATION:

A notice to contractors calling for bids was advertised in the Mid Valley News and bids were received and opened on February 11, 2005 @ 2:00 P.M. We received (5) bid for services where each one of the bidders won a portion of the project. See attached recap.

Graphics Off



The Universal Service Administrative Company

Home

High Cost

Low Income

Rural Health Care

Schools & Libraries

Overview

About the SLD

Training & Outreach

2005 Training

WebEx Recordings

Training Presentations

Submit a Question

Site Visits

Schools & Libraries News Briefs

Applicants

Process Flowchart

Timetable/Deadlines

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Service Providers

Conference Calls

Provider Manual

Invoicing

Disbursements

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Form 471 Application Status

Billed Entity Search

SPIN Search

FRN Extensions

Eligible Products Database

Forms

Applicants PIN Request System

Apply Online

Applicant Forms

Provider Forms

SL Main > Reference Area > Form 470 Minimum Processing Standards and Filing Requirement

Proof of Postmark or Delivery

Applicants can submit certain documents to the SLD on paper. These documents include FCC forms; certifications and/or documentation related to those forms; certifications and/or documentation related to specific requests, such as SPIN changes or deadline extension requests; appeals; and letters. In many cases, such documents are time-sensitive; in other words, the documents must be postmarked or received by a certain deadline in order to be processed or to be considered as simultaneously received.

Applicants are advised to keep legible proof of the date of postmark or date of delivery for documents submitted on paper. Documentation that includes both the postmark date and the delivery date is highly recommended. In the event that a deadline is the delivery, or receipt, date of a document, your documentation **must** also show the date of delivery.

Acceptable proof of postmark date or delivery date can include the following:

- Applicants who submit items on paper to the SLD via the United States Postal Service (USPS) mail should obtain a "Certificate of Mailing" from the USPS (Form 3817) which will give the applicant a receipt showing the postmark date. Be sure that the postmark is legible **before** leaving the post office if possible. This is extremely important if you are approaching a deadline. For a fee, the USPS also offers multiple delivery options that include delivery confirmation.
- Applicants who submit items on paper to the SLD via express delivery services should obtain a copy of the tracking document showing the date that the delivery service accepted responsibility for delivery of the items. Delivery confirmation is also available and should be requested from the delivery service. This confirmation may be available via the internet or some other method.
- Applicants who submit items on paper to the SLD via a third-party service may use a dated receipt from the service who took responsibility for delivery of those materials, even if the express delivery is made by another provider. Delivery confirmation is also available and should be requested from the delivery service. This confirmation may be available via the internet or some other method.
- Applicants who submit items on paper to the SLD by hand-delivery to a physical address should retain a dated receipt from the person who accepts their submission

**QUICK LINK**

▶ **Apply Online**

- Reference Ar
- Appeals
- Eligible Servi List
- Changes & Corrections
- Suspensions Debarments
- Site Visits

SITE SEARCH

Search Tips

CONTACT US

▶ **Submit a Question**

- Contact Us
- Whistleblower Hotline - Rep Waste, Fraud Abuse

SITE HELP

- Site Map
- Site Tour
- Website Policy

receipt from the person who accepts their submission.
This dated receipt will serve as both the "postmark" and
the delivery confirmation.

Content Last Modified: November 19, 2002

Need help? You can contact us toll free at 1-888-203-8100.
Our hours of operation are 8AM to 8PM, Eastern Time, Monday through Friday.
Aware of fraud, waste, and abuse, report it to our [Whistleblower Hotline!](#)

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FedEx US Airbill
Express

FedEx
Tracking
Number

8468 5595 5996

Sender's Copy

1 **From** Please print and press hard.
Date 2/18/05 Sender's FedEx Account Number 1818-2023-3

Sender's Name Lawrence Tang
Tech Administrator Phone (626) 453-3782

Company EL MONTE CITY SCHOOL DISTRICT

Address 3540 LEXINGTON AVE

City EL MONTE State CA ZIP 91731-2684

2 **Your Internal Billing Reference** OPTIONAL
First 24 characters will appear on invoice.

3 **To**
Recipient's Name Attn: SLD Form 471 Phone (888) 203-8100

Company SLD Forms

Recipient's Address 3833 Greenway Drive

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address

To request a package be held at a specific FedEx location, print FedEx address here.

City Lawrence State KAN ZIP 66046

Try online shipping at fedex.com

By using this Airbill you agree to the service conditions on the back of this Airbill and in our current Service Guide, including terms that limit our liability.

Questions? Visit our Web site at fedex.com
or call 1.800.GoFedEx 1.800.463.3339.

0281796102

4a Express Package Service

FedEx Priority Overnight Next business morning* FedEx Standard Overnight Next business afternoon* FedEx First Overnight Earliest next business morning delivery to select locations*
 FedEx 2Day Second business day* FedEx Express Saver Third business day*
* FedEx Envelope rate not available. Minimum charge: One-pound rate.

Packages up to 150 lbs.
* To most locations
Earliest next business morning delivery to select locations*

4b Express Freight Service

FedEx 1Day Freight* Next business day** FedEx 2Day Freight Second business day** FedEx 3Day Freight Third business day**

Packages over 150 lbs.
** To most locations

* Call for Confirmation.

5 Packaging

FedEx Envelope* FedEx Pak* Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak FedEx Box FedEx Tube Other

* Declared value limit \$500

6 Special Handling

SATURDAY Delivery Available ONLY for FedEx Priority Overnight, FedEx 2Day, FedEx 1Day Freight, and FedEx 2Day Freight to select ZIP codes. HOLD Weekday at FedEx Location NOT Available for FedEx First Overnight. HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

Does this shipment contain dangerous goods?

One box must be checked.
 No Yes Ag per attached Shipper's Declaration Yes Shipper's Declaration NOT required Dry Ice Dry Ice, 9 UN 1845 x kg
Dangerous goods (including Dry Ice) cannot be shipped in FedEx packaging. Cargo Aircraft Only

7 Payment **BILL TO:**

Enter FedEx Acct. No. or Credit Card No. below.
 Sender Acct. No. in Section 1 will be billed. Recipient Third Party Credit Card Cash/Check

FedEx Acct. No.
Credit Card No.

Exp. Date

Total Packages _____ Total Weight _____ Total Declared Value* \$ _____ .00

*Our liability is limited to \$100 unless you declare a higher value. See back for details.

FedEx Use Only

8 Sign to Authorize Delivery Without a Signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

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PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE.

IMPORTANT!

For information on Hurricane Katrina, please [click here](#).

Track Shipments

Detailed Results

 [Quick Help](#)

Tracking number	846855955996	Destination	LAWRENCE, KS
Signed for by	R.WOODRELL	Service type	Priority Overnight
Ship date	Feb 18, 2005		
Delivery date	Feb 21, 2005 9:05 AM		
Status	Delivered		

Date/Time	Activity	Location	Details
Feb 21, 2005 9:05 AM	Delivered	LAWRENCE, KS	

Email your detailed tracking results (optional)

Enter your email, submit up to three email addresses (separated by commas), add your message (optional), and click **Send email**.

From

To

Add a message to this email.

HOME | CANCEL | HELP

FCC Form 470

Universal Service Program Description of Services Requested and Certification Form

**Entity Number: 143585****Contact Person: Lawrence Tang****Applicant's Form Identifier: EMERATE8****Phone Number: 626-453-3700**

FCC Form

Approval by OMB
3060-0806**470**

**Schools and Libraries Universal Service
Program Description of Services Requested
and Certification Form**

Do not write in this area

Form 470 Application Number:**19.** The applicant includes:(Check one or both)

- a. schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C Secs. 7801(18) and (38)**, that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to) elementary and secondary schools, colleges and universities.

20. All of the individual schools, libraries, and library consortia receiving services under this application are covered by:

- a. individual technology plans for using the services requested in the application; and/or
- b. higher-level technology plans for using the services requested in the application; or
- c. no technology plan needed; application requests basic local and/or long distance telephone service only.

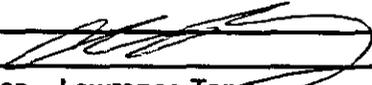
21. Status of technology plans (if representing multiple entities with mixed status, check both a and b):

- a. Technology plan(s) has/have been approved by a state or other authorized body.
- b. Technology plan(s) will be approved by a state or other authorized body.
- c. The application requests basic local and/or long distance telephone service only; no technology plan needed.

22. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.**23.** I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software,

maintenance, and electrical connections necessary to use the services purchased effectively.

24. I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

25. Signature of authorized person 	26. Date 11/13/04
27. Printed name of authorized person Lawrence Tang	
28. Title or position of authorized person Information Technology Administrator	
29a. Street Address of authorized person 3540 N. Lexington Ave. El Monte, CA 91731	
29b. Telephone Number of authorized person (626) 453-3739	
29c. Fax Number of authorized person (626) 442-0465	
29d. E-mail address of authorized person ltang@emcsd.org	

Form 470 Application Number: 404820000509872
EL MONTE CITY ELEM SCHOOL DIST
3540 LEXINGTON AVE
EL MONTE, CA 91731-2684

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Service provider involvement with preparation or certification of a Form 470 can taint the competitive bidding process and result in the denial of funding requests. For more information, refer to the "Service Provider Role in Assisting Customers" at www.sl.universalservice.org/vendor/manual/chapter5.doc or call the Client Service Bureau at 1-888-203-8100.

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party of a proceeding before the body or has an interest in the proceeding. In addition, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC regulations, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing

Instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

Please submit this form to:

**SLD - Form 470
P.O. Box 7026
Lawrence, KS 66044-7026
1-888-203-8100**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD - Form 470
c/o Ms. Smith
3833 Greenway Drive
Lawrence, KS 66046
1-888-203-8100**

FCC Form 470
May 2003



El Monte City School District

**3540 N. Lexington Ave.
El Monte, CA 91731-2684**

**Phase 8
ERATE Application**

**Form 470 Application Number:
404820000509872**

Identifier: EM8SCOTTEL

SCOTTEL VOICE AND DATA

Entity Number 143585 Applicant's Form Identifier EM85COTTEL
 Contact Person Lawrence Tang Phone Number 626-453-3739

This information will facilitate the processing of your applications. Please complete all rows that apply to services for which you are requesting discounts. Complete this information on the FIRST Form 471 you file, to encompass this and all other Forms 471 you will file for this funding year. You need not complete this information on subsequent Forms 471. Provide your best estimates for the services ordered across ALL of your Forms 471. Schools/school districts complete Item 7. Libraries complete Item 8. Consortia complete Item 7 and/or Item 8.

Block 2: Impact of Services Ordered on Schools

IF THIS APPLICATION INCLUDES SCHOOLS...		BEFORE ORDER	AFTER ORDER
7a	Number of students to be served		
b	Telephone service: Number of classrooms with phone service		
c	Dial-up Internet access: Number of connections (up to 56kbps)		
d	Direct broadband services: Number of buildings served at the following speeds:	Less than 10 mbps	
		Between 10 mbps and 200 mbps	
		Greater than 200 mbps	
e	Direct connections to the Internet: Number of drops		
f	Number of classrooms with internet access		
g	Number of computers or other devices with Internet access		

Block 3: Impact of Services Ordered on Libraries

IF THIS APPLICATION INCLUDES LIBRARIES...		BEFORE ORDER	AFTER ORDER
8a	Number of library patrons to be served		
b	Telephone service: Number of rooms with phone service		
c	Dial-up Internet access: Number of connections (up to 56kbps)		
d	Direct broadband services: Number of buildings served at the following speeds:	Less than 10 mbps	
		Between 10 mbps and 200 mbps	
		Greater than 200 mbps	
e	Direct connections to the Internet: Number of drops		
f	Number of buildings with Internet access		
g	Number of computers or other devices with Internet access		

Block 4: Discount Calculation Worksheets

You must complete a separate worksheet for each group of entities sharing one or more services. If you are filing as a consortium and your members include school districts or library systems, you must complete a separate worksheet for each of those members. In addition, if you are applying for discounts for administrative buildings or other non-instructional facilities, you must complete a worksheet for all schools in the school district or all library outlets/branches in the library system in order to calculate the appropriate discount for those facilities. In general, the following columns must be completed:

- | | |
|---|---|
| INDIVIDUAL SCHOOLS: | Columns 1-7 and Columns 9-10 |
| SCHOOLS IN ONE SCHOOL DISTRICT (SHARED SERVICES): | Columns 1-10 and Item 9b, Line 1 |
| SCHOOL DISTRICTS: | Columns 1-10 and Item 9b, Line 1 |
| LIBRARY OUTLETS/BRANCHES: | Columns 1-7 and Column 11 |
| LIBRARY OUTLETS/BRANCHES IN ONE LIBRARY SYSTEM (SHARED SERVICES): | Columns 1-7, Column 11, and Item 9b, Line 2 |
| LIBRARY SYSTEMS: | Columns 1-7, Column 11, and Item 9b, Line 2 |
| CONSORTIA (after completing a worksheet or worksheet entry for each member entity as needed): | Columns 1-2, Column 12, and Item 9b, Line 3 |
- Please refer to the Form 471 instructions for specific information on each item in the worksheet.

Entity Number 143585 Applicant's Form Identifier EM85COTTEL
 Contact Person Lawrence Tang Contact Telephone Number 626-453-3739

Block 4: Discount Calculation Worksheet

Worksheet A-1
 Page 1 of 3

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

9a List entities and calculate discount(s):
 School District or Library System Name: El Monte City SD School District or Library System Entity Number: 143585 (For Administrator's Use)

1 Name of Eligible Entity	2 Entity Number AND NCES Code (for Schools) or PSCS Code (for Libraries)	3 Urban or Rural U or R	4 Total Number of Students	5 Number of Students Eligible for NSLP	6 Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	7 Discount from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	9 Pre-K Adult Ed Or Juvenile Justice	10 All Disc Mesh	11 Entity Number of School District in which Library Outlet/Branch is Located	12 Discount of Member Entity	13 Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES				Schools with Shared Services	Schools	Library Outlets/Branches	Consortia		
AMERICAN	705703	<input checked="" type="checkbox"/>	1172	272	23%	23%	2700	<input type="checkbox"/>	<input type="checkbox"/>			
ALBANY	705704	<input checked="" type="checkbox"/>	1172	272	23%	23%	2700	<input type="checkbox"/>	<input type="checkbox"/>			
COLUMBIA	705707	<input checked="" type="checkbox"/>	1172	272	23%	23%	2700	<input type="checkbox"/>	<input type="checkbox"/>			
CORTADA	705708	<input checked="" type="checkbox"/>	1172	272	23%	23%	2700	<input type="checkbox"/>	<input type="checkbox"/>			
DURFEE	705717	<input checked="" type="checkbox"/>	1172	272	23%	23%	2700	<input type="checkbox"/>	<input type="checkbox"/>			
DIZZY	705728	<input checked="" type="checkbox"/>	1172	272	23%	23%	2700	<input type="checkbox"/>	<input type="checkbox"/>			

9b Shared Services

SCHOOL DISTRICTS: (including groups of schools within school districts.) Calculate the totals of Columns 4 and 8. Divide the total of Column 8 by the total of Column 4. Enter the result in Column 13.	<u>SEE NEXT</u>											
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 13.												
CONSORTIA: Calculate the total of Column 12. Divide this total by the number of member entities. Enter the result in Column 13.												

Entity Number 143585 Applicant's Form Identifier EM85COTTEL
 Contact Person Lawrence Tang Contact Telephone Number 626-453-3739

Block 4: Discount Calculation Worksheet

Worksheet A-1
 Page 2 of 3

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

9a List entities and calculate discount(s):
 School District or Library System Name: El Monte City SD School District or Library System Entity Number: 143585 (For Administrator's Use)

1	2	3	4	5	6	7	8	9	10	11	12	13
Name of Eligible Entity	Entity Number AND NCEP Code (for Schools) or PSCS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	Discount from Discount Month	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Pre-K Adult Ed Or Juvenile Justice	All Disc Month	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES				Schools with Shared Services	Schools	Library Outlets/Branches	Consortia		
<input type="checkbox"/>	<u>103127</u>	<input checked="" type="checkbox"/>	<u>1111111111</u>	<u>11111111</u>	<u>87</u>	<u>87</u>	<u>11111111</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>11111111</u>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>209727</u>	<input checked="" type="checkbox"/>	<u>1111111111</u>	<u>11111111</u>	<u>87</u>	<u>87</u>	<u>11111111</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>11111111</u>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>203227</u>	<input checked="" type="checkbox"/>	<u>1111111111</u>	<u>11111111</u>	<u>87</u>	<u>87</u>	<u>11111111</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>11111111</u>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>207227</u>	<input checked="" type="checkbox"/>	<u>1111111111</u>	<u>11111111</u>	<u>87</u>	<u>87</u>	<u>11111111</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>11111111</u>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<u>702267</u>	<input checked="" type="checkbox"/>	<u>1111111111</u>	<u>11111111</u>	<u>87</u>	<u>87</u>	<u>11111111</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>11111111</u>	<input type="checkbox"/>	<input type="checkbox"/>

9b Shared Services

SCHOOL DISTRICTS: (including groups of schools within school districts.) Calculate the totals of Columns 4 and 8. Divide the total of Column 8 by the total of Column 4. Enter the result in Column 13.	<u>SEE NEXT</u>	<u>SEE NEXT</u>	<input type="checkbox"/>	<input type="checkbox"/>
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONSORTIA: Calculate the total of Column 12. Divide this total by the number of member entities. Enter the result in Column 13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Entity Number 143585 Applicant's Form Identifier EM8SCOTTEL
 Contact Person Lawrence Tang Contact Telephone Number 626-453-3739

Block 4: Discount Calculation Worksheet

Worksheet A-1
 Page 3 of 3

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9a List entities and calculate discount(s). School District or Library System Name: El Monte City SD School District or Library System Entity Number: 143585 (For Administrator's Use)

1	2	3	4	5	6	7	8	9	10	11	12	13
Name of Eligible Entity	Entity Number AND HCS Code (for Schools) or FACS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for HSLP	Percent of Students Eligible for HSLP (Col 5 / Col 4)	Discount from Discount Matrix	Weighted Product for Calculating Shared Discount (Col 4 x Col 7)	Pre-K Adult Ed or Juvenile Justice	All Other Mesh	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES				Schools with Shared Services	Schools	Library Outlets/Branches	Consortia		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	251	220	88%	80%	199220	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 5. Divide the total of Column 8 by the total of Column 4. Enter the result in Column 13.	<input type="checkbox"/>											
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 13.	<input type="checkbox"/>											
CONSORTIA: Calculate the total of Column 12. Divide this total by the number of member entities. Enter the result in Column 13.	<input type="checkbox"/>											

Entity Number 143585 Applicant's Form Identifier EM8SCOTTCL
 Contact Person Lawrence Tang Phone Number 626-453-3739

Block 5: Discount Funding Request(s)
 Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.
 Block 5, page 1 of 2

10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:

11 Category of Service (only ONE category should be checked)
 PRIORITY 1 Telecommunications Service
 PRIORITY 2 Internal Connections Other than Basic Maintenance
 Internet Access Basic Maintenance of Internal Connections

12 Form 470 Application Number

13 SPIN - Service Provider Identification Number

14 Service Provider Name

15a Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.

15b Contract Number

15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).

15d Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:

16a Billing Account Number (e.g., billed telephone number)

16b Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)

18 Contract Award Date (mm/dd/yyyy)

19 Service Start Date (mm/dd/yyyy)

20a Service End Date (mm/dd/yyyy)

20b Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service:
 You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.

22 Entity/Entities Receiving This Service:
 a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

23 Calculations

A. Monthly charges (total amount per month for service)

B. How much of the amount in A is ineligible?

C. Eligible monthly pre-discount amount (A minus B)

D. Number of months service provided in funding year

E. Annual pre-discount amount for eligible recurring charges (C x D)

F. Annual non-recurring charges

G. How much of the amount in F is ineligible?

H. Annual eligible pre-discount amount for non-recurring charges (F minus G)

I. Total funding year pre-discount amount (E + H)

J. Discount from Block 4 Worksheet

K. Funding Commitment Request (I x J)

Attachment

Total Charges

Entity Number 143585 Applicant's Form Identifier EM8SCOTTEL
 Contact Person Lawrence Tang Phone Number 626-452-3739

Block 5: Discount Funding Request(s)
 Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.
 Block 5, page 1 of 1

10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:

11 Category of Service (only ONE category should be checked)
 PRIORITY 1 Telecommunications Service
 PRIORITY 2 Internal Connections Other than Basic Maintenance
 Internet Access Basic Maintenance of Internal Connections

23 Calculations

12 Form 470 Application Number

A. Monthly charges (total amount per month for service)

13 SPIN - Service Provider Identification Number

B. How much of the amount in A is ineligible?

14 Service Provider Name

C. Eligible monthly pre-discount amount (A minus B)

15a Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.

D. Number of months service provided in funding year

15b Contract Number

E. Annual pre-discount amount for eligible recurring charges (C x D)

15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).

F. Annual non-recurring charges

15d Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:

G. How much of the amount in F is ineligible?

16a Billing Account Number (e.g., billed telephone number)

H. Annual eligible pre-discount amount for non-recurring charges (F minus G)

16b Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)

I. Total funding year pre-discount amount (E + H)

18 Contract Award Date (mm/dd/yyyy)

19 Service Start Date (mm/dd/yyyy)

J. Discount from Block 4 Worksheet

20a Service End Date (mm/dd/yyyy)

20b Contract Expiration Date (mm/dd/yyyy)

K. Funding Commitment Request (I x J)

21 Description of This Service:
 You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.
 Attachment

22 Entity/Entities Receiving This Service:
 a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

Entity Number 143585 Applicant's Form Identifier EM8SCOTTEL
 Contact Person LAWRENCE TERRY Phone Number 626-452-3739

Block 5: Discount Funding Request(s)
 Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.
 Block 5, page 0001 of 0001

10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:

11 Category of Service (only ONE category should be checked)
 PRIORITY 1 Telecommunications Service
 PRIORITY 2 Internal Connections Other than Basic Maintenance
 Internet Access Basic Maintenance of Internal Connections

23 Calculations

12 Form 470 Application Number

A. Monthly charges (total amount per month for service)

13 SPIN - Service Provider Identification Number

B. How much of the amount in A is ineligible?

14 Service Provider Name

C. Eligible monthly pre-discount amount (A minus B)

15a Check this box if this Funding Request is for non-contracted or month-to-month services.

D. Number of months service provided in funding year 02

15b Contract Number

E. Annual pre-discount amount for eligible recurring charges (C x D)

15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).

F. Annual non-recurring charges

15d Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:

G. How much of the amount in F is ineligible?

16a Billing Account Number (e.g., billed telephone number)

H. Annual eligible pre-discount amount for non-recurring charges (F minus G)

16b Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)

I. Total funding year pre-discount amount (E + H)

18 Contract Award Date (mm/dd/yyyy)

J. Discount from Block 4 Worksheet 50

19 Service Start Date (mm/dd/yyyy)

K. Funding Commitment Request (I x J)

20a Service End Date (mm/dd/yyyy)

20b Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service:
 You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.
 Attachment 24520077

22 Entity/Entities Receiving This Service:
 a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

